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THE OPHTHALMOSCOPE—A REVIEW OF WHAT HAS ALREADY APPEARED IN ENGLISH UPON IT.

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[Communicated for the Boston Medical and Surgical Journal.]

To answer inquiry as to the means of learning the use of the ophthalmoscope for those unacquainted with foreign languages, we propose to speak of four books which have appeared in English upon it. Scattered articles in various journals not being sufficiently full, we will pass over, as their substance is already incorporated in what is now in book form. One or two books on the ophthalmoscope are in the British press, to the receipt of which we look forward with much interest. Our *criticisms* are more particularly intended for those already familiar with the subject. These, however, will serve to show the practitioner and the student how he can *best* obtain the desired information.

"The Ophthalmoscope," by Jabez Hogg, London, 1859. This book appeared in London *seven* years after the inventor of the ophthalmoscope, Helmholz, had published his pamphlet entitled "Beschreibung eines Augen-spiegels zur untersuchung der Netzhaut im lebenden Auge"—"Description of an Eye-mirror for examining the Retina in the Living Eye." It was originally an essay read by Mr. Hogg before the Medical Society of London, subsequently appeared in the *Lancet*, and finally was published in the form of a little book of some 140 pages, with 8 colored illustrations of ophthalmoscopic appearances. To one perfectly familiar with the *theory* of the ophthalmoscope, and the different forms the instrument has assumed, that portion of the book speaking of the diseased structures and appearances which it reveals will be very acceptable. The instrument itself is not, however, sufficiently dwelt upon. The theory is omitted, without which the student cannot possibly learn, or the practitioner properly understand, its practical working. The book served, however, to call greater attention to the instrument, and to prove its absolute necessity for the ophthalmologist. It has already run through several editions.

In 1859 was published Mr. William Martin's "Illustrations of the Use of the Ophthalmoscope," a little pamphlet of 33 pages, as a reprint from the *British Medical Journal.* The object of Mr. Martin's book was to tell the student and the practitioner how they can learn about the ophthalmoscope in England, or rather in London. He says, pp. 1–2:—"It is probably as difficult, if not more so, to obtain an accurate insight into the information that may be gained by its use, as regards internal diseases of the eye, as it is for the neophyte to attain an accurate knowledge of diagnosis of diseases of the chest by the aid of the stethoscope." "I have thought that a collection of some of the facts positively known on the subject might be useful in supplying a want that I have experienced in my own case in the study of the ophthalmoscope." The author then goes over the different affections which the ophthalmoscope reveals, citing cases from various authorities in support of his remarks. This book also served to call greater attention on the part of the surgeon, as well as the oculist, to the ophthalmoscope in England.

There had not, however, been published on the optics of the ophthalmoscope anything in English so full as the German or French treatises, till a pamphlet appeared as a reprint from the *Glasgow Med. Journal* of July, 1860, entitled "On the Theory of the Ophthalmoscope," by George Rainey, M.D. This pamphlet, of some 70 pages, without thoroughly exhausting the subject, will enable the student to get hold of the most practical portion of the theory. It is illustrated by fifteen good diagrams, large enough to be clear and intelligible. It is the only treatise on the subject sufficiently full that we as yet know of in our language. We recommend it to all who are not familiar with German or French.

In 1859, the Jacksonian prize was awarded by the Royal College of Surgeons of England to J. W. Hulke, F.R.C.S., for an essay on "The Morbid Changes in the Retina as seen in the Eye of the Living Person, and after removal from the Body, together with the Symptoms associated with the several Morbid Conditions." This essay Mr. Hulke has embodied in a book entitled "A Practical Treatise on the Use of the Ophthalmoscope," London, 1861. In his preface he says, "At that time I had no idea of publishing it, nor would it now appear had I not been repeatedly asked by the students at the Royal London Ophthalmic Hospital for a guide to the ophthalmoscopic examination of the eye. In the absence of any standard work in English on this subject, I determined to publish the essay. Since, however, its utility as it stood would have been limited, I decided to include *all* the ocular structures and to give a short account of the optics of the ophthalmoscope." "Notwithstanding the progress which has recently been made in ophthalmoscopic diagnosis, very much remains to be done before anything like a perfect work on the subject can be presented; and in this, which I offer merely as an elementary treatise, some points are necessarily only just touched."

This book is well got up, both as respects diagrams and figures, and the nine colored engravings of ophthalmoscopic appearances are exceedingly good—better than any which have appeared with English text. Mr. Hulke first takes up the optics of the ophthalmoscope, and, with carefully-drawn diagrams, gives an exposition sufficient to enable the practitioner to comprehend the theory of the two different methods of examination, which he calls the "indirect method" (observation of the inverted aërial image), and the "direct method" (observation of the erect geometrical image). Upon this side of the water the term generally used is "examining with upright image" and "inverted image," simply translating the German "Untersuchung im Aufrechten Bilde," "umgekerten Bilde." We think these terms are preferable, as they state the truth of the circumstances under which we are making the examination, and, moreover, serve to impress upon the student the necessary difference between the two. In this we agree with a reviewer in the *Dublin Quarterly* for February, 1862, who says: "We must confess we are disposed to find fault with this term *(indirect)*, as if the eye itself were not directly examined, but had to undergo a preliminary or intervening process before a diagnosis could be made. We consequently think that as the study of the instrument is but as yet in its infancy in England, the more clear and unequivocal the technical terms employed, the more readily will a due appreciation of the subject be arrived at by the student. We would therefore suggest examination by the inverted method as a more appropiate term."

One thing we notice on page 10. Mr. Hulke says, "In the direct method of examination (with upright image), where both eyes are emmetropic, and their *accommodation is suspended*, if the surgeon bring his eye very close to the patient's eye it will receive parallel, or even slightly diverging rays from the fundus of this, which it can unite in an inverted image upon its own retina, and this image will be mentally projected as an enlarged, erect, geometrical one, apparently situated behind the patient's eye." This is true, but it is not so easy to suspend accommodation. The patient's we can temporarily destroy by atropine, which it is better to use on this account as well as for dilatation of the pupil. To the examiner the image appears so near as to call for his accustomed amount of accommodation for that distance. But the rays are really coming to his eye parallel; any effort at accommodation will therefore throw his retina out of focus. Long-continued habit may enable us to neglect to accommodate in spite of the apparent nearness of the image. Such is the case with Prof. Ed. Jäger, of Vienna. We have found that a normal eye, with active accommodating power, will require a twelve or ten inch focus negative glass to counterbalance its accommodation.

The different forms of the ophthalmoscope are spoken of, and those which the author prefers illustrated. He says, "for the indirect method of examination, I find Liebreich's small ophthalmoscope most convenient and handy, and generally use it; but for the direct method, I give the preference to Zehender's, which furnishes a superior illumination at the short distance that, in this method of observation, intervenes between the speculum and the patient's eye; it is, however, less easy to manage."

"For demonstrating to a class and for drawing, Liebreich's large ophthalmoscope is very useful. When the instrument and the patient have been once arranged by the teacher, any number of students can in turn observe the appearances."

The second part of the book is devoted to the appearances of the healthy structures, to illustrate which, he has copied the first plate of Prof. Ed. Von Jäger's magnificent work entitled "Beiträge zur Pathologie des Auges." This plate is exceedingly well done.

In speaking of the venous pulse of the retinal vessels, he says:— "I have never been able to satisfy myself of the spontaneous existence of a venous pulse in the healthy eye, as a natural phenomenon." Now this is in opposition to Donders, and we would not be too hasty in subscribing to it. Yet we have sometimes thought that we could not detect it till a continued examination had produced some retinal excitement and vascular turgescence. In regard to the arterial pulse, he agrees with the German school, referring to the writings of Von Graefe, Donders, Ed. Von Jäger, Coccius and Van Trigt on this point.

In the third part, headed "Ophthalmoscopic appearances of diseased Structures and congenital Imperfections," he speaks briefly of the intra-ocular changes occurring in kidney disease, but in the "Literature of this disease" does not mention Ernest Lecorche's very excellent thesis "De l'alteration de la vision dans la nephrite albumineuse (maladie de Bright)," published in Paris in 1858. This is more marked, as it is the only place where Mr. Hulke gives the "literature" of a disease.

Again, in speaking of colloid deposit upon the elastic lamina in choroidal atrophy, he says, "these compound masses are plainly visible to the unaided eye, and should, therefore, be easily recognized with the ophthalmoscope in the living eye, but I am only aware of a single case, published by Liebreich, in which this has been done." We wish Mr. Hulke had stated where this case is recorded. If in the "Archiv für Ophthalmologie" we have not found it, as there is no general index yet published.

On page 32, the author remarks, "Opacities upon the anterior capsule of the lens (which itself never loses its transparency), &c." To this the Dublin Quarterly reviewer objects, citing Prof. Arlt, of Vienna, both from his book and from his clinical lectures. Without attempting to settle this question we would simply say, that Prof. Wedl, of Vienna, in his Pathological Histology (p. 183, Sydenham

Society edition), states, "According to several later observers, it would appear that the question as to whether the capsule of the lens is involved in the opacity, must be answered in the negative. Nor have we, as yet, had any opportunity of convincing ourselves of the contrary; and deem it necessary here to notice a very obvious cause of deception with respect to this point, existing in the circumstance that an opaque material deposited on the inner surface of the capsule, or, in more rare cases, an exudative layer on the outer surface, might be taken for an opacity in the substance of the lens. But closer examination soon shows that the opaque material may be removed from the surface of the capsule without injury to its integrity, the lamellar structure having lost nothing of its transparency. We would not, however, wholly deny the possible existence of opacity in the capsule, inasmuch as it is conceivable that a partial separation of the *lamellæ* might cause an opacity of this kind." This was in 1854. In his magnificent "Atlas der Pathologischen Histologie des Auges," finished last year, he gives cases of capsular cataract, mentioning particularly that the capsule itself was perfectly transparent.

As to tubercle in the eye, Mr. Hulke says, "I am not aware of any recorded cases where it has been observed in its commencement." We believe Prof. Jäger has made mention of such to his ophthalmoscopic classes.

The detail of the drawing in the colored plates would signify to one familiar with the ophthalmoscope that the upright image was used, but as the plates are not marked "right" or "left eye," and it is not indicated in the explanation, a novice might be misled.

To those engaged in ophthalmology this book of Mr. Hulke's is, or will soon be, familiar. We would especially recommend it to the surgeon who is desirous of understanding the ophthalmoscope and appreciating its importance. After reading it, we think one acquainted with German and French will be induced to pursue the subject further than the limits of Mr. Hulke's book would allow him. French and German literature on this point is already copious, and the character of the publications shows how much this wonderful invention has interested the physicist as well as the oculist and the physiologist.

[To be continued.]

VERATRUM VIRIDE.

By Samuel W. Abbott, M.D., of Woburn.

[Concluded from page 191.]

III.—Therapeutical Value.

That a *student of medicine* should say much from *experience*, would appear rather presumptuous. What I have to say upon this subject will therefore necessarily be somewhat brief.

In the medical journals for the past four or five years, there is scarcely a disease in the whole range of medicine for which this remedy has not been proposed. One would think, from a perusal of these journals, that a new panacea was about to be launched upon the sea of drugs already at the physician's disposal, and that everything, from measles to hydrophobia, would now yield to its power. Such has been the case with very many articles of our materia medica, on their first introduction, and they have been a long time in settling down to their proper position.

Having noticed the effects of this drug in health, we are now better prepared to observe its use in the treatment of disease. What abnormal conditions of the system would seem to indicate the use of a remedy with properties like those just described? Unquestionably those inflammatory diseases, whether general or local, which are attended with high arterial action. By this we do not mean to say that all diseases attended with inflammation should be treated with veratrum viride. It does not follow that we benefit a patient in proportion to the degree in which we diminish the number of pulsations of his heart per minute. A certain frequency is necessary for the healing process in inflammation. A certain excitement is also necessary, to eliminate morbid poisons from the body, as in scarlatina and typhoid fever. Again, the rapid pulse and nervous excitement, in certain inflammations, may be of such a character as to be borne without interference. After these, there supervenes a period of depression, and if given beyond this point, this remedy may add to the depression and diminish the chances of recovery. Veratrum viride, however, has this advantage in such cases over digitalis, that it is more rapidly eliminated from the system, and, unlike digitalis, it is not cumulative in its action, and may therefore be safely continued for a long period. From the similarity of its action to that of other vegetable sedatives of this class, we should be led to suppose that it has also a great advantage over antimony. For the latter diminishes the plasticity of the blood, and thus destroys one of its most vital properties.

Of the class of diseases before named in which veratrum viride is indicated, pneumonia ranks among the most important, and here certainly it has proved of the greatest advantage. Says Dr. Rogers, of New York, "It has no specific effect on the inflamed lung." In fact, no such virtue has been claimed for it. "It does not in any way modify or arrest the inflammation. On the contrary, the inflammation goes on to its usual results, entirely uninfluenced by the remedy."*

Now, with the veratrum viride we may reduce both pulse and respiration to any desirable limit, by the administration of from five to eight drops every three or four hours till nausea is produced, and frequently without the nausea. Let us now imagine the whole amount of blood in the body bounding through the vessels of the pulmonary and general circulation, at the rate of 120 to 140 pulsations per minute. "Assuming that two fluid ounces are expelled at every pulsation," I quote the article just referred to, "at this rate the whole amount must pass through the heart in one and a half to two minutes. Now in acute pneumonia, where the capacity of the lung is greatly diminished, and the demand for activity is correspondingly increased, an increased quantity of blood must be constantly poured into the tender and inflamed lungs. Every respiration gives the patient increased pain, and every pulsation adds new suffering, and the patient at last sinks under the combined reactions of the disease, the respiration and the circulation. Now the veratrum entirely controls the circulation, in some degree also the respiration, while the disease is allowed to go on to its termination. The benefit derived from its use is this: the impulse and amount of blood forced into the lungs in a given time is greatly diminished, thus affording them a degree of rest, such as is most favorable for a quick resolution of the disease. And all this is done without the loss of a single ounce of the life-giving current of the body."

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* *American Med. Monthly*, June, 1858. It may be noticed that what is here quoted as a fact, is stated in the preceding paragraph (in comparing V. viride with antimony) merely as a hypothesis, and that although this is its probable action, still, no experiments have been cited to prove that it is actually so.

The same may be said with regard to pleurisy, in which the inflammation is concentrated upon the lining membrane of the lungs and chest. Perhaps veratrum viride will not in every case do away with the lancet; but it is certain that those who have employed the former in pleurisy, have thought it necessary to bleed in but a very few instances. Experience also shows that the danger from subsequent effusions is much lessened.

It has been found of great value in puerperal peritonitis, in connection with opium and wine. In this disease my preceptor, Dr. Benj. Cutter, states that he has given the full dose of half a fluiddrachm, and repeated the same in thirty minutes, with perfect safety and success. This was done for the purpose of producing emesis, and thus hastening the sedative effect, which is so clearly manifested whenever the medicine occasions nausea or vomiting. The system, suffering with acute pain, tolerates the drug in much larger doses than would be safe in health, probably from the same reason that opium has been safely given in enormous doses in the same disease.

It is also of great value in controlling the heart's action and relieving pain in acute rheumatism.* In fact, the history of the drug tells us that this was the first disease in which it was used to any considerable extent. Its additional diuretic property renders it valuable in the treatment of rheumatism. In this respect it resembles colchicum, another plant of the same natural order.

Dr. Toland, of San Francisco, makes the following statement:—"When venesection is resorted to in acute rheumatism, to diminish arterial action, metastasis to the heart frequently occurs, and that organ becomes incurably diseased, which could not result from the use of veratrum, by which the same indication can be as certainly and more speedily fulfilled."

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* *American Jour. Med. Sciences*, vol. xvi., p. 296.

This statement naturally leads us to another class of diseases in which we should expect to derive much benefit from a medicine with qualities like these. I refer to organic and functional diseases of the circulatory organs. It has already been employed in such cases with considerable success, and might be of still further use in combination with digitalis. This plan of combining drugs together, so as to unite their useful properties in one form, has not been tried to any great extent with veratrum viride, so far as I can learn from reported cases. Many of the most useful preparations in our materia medica are combinations of drugs in one form; *e. g.* pulvis Doveri, pil. comp. cathart., &c.

Among diseases of this nature may be mentioned aneurism, and here we see that if it is valuable to the physician it is still more so to the surgeon. It may be used with great advantage before, and also after, an operation; in the former instance, especially when the aneurism cannot be readily reached by surgical means, as of the aorta, or any of the arteries within the great cavities of the body. In the latter instance we may readily control the circulation, and thus diminish the danger of secondary hæmorrhage. "Venesection," says the article last alluded to, "besides diminishing arterial action, also interferes with the restorative process. But with veratrum viride the effect can be produced, and maintained until the irritation resulting from the wound subsides, and the system accommodates itself to the derangement of circulation, resulting from the obliteration of a large arterial trunk." I noticed its use in the Blockley Almshouse, Philadelphia, at the cliniques a year since, in two cases of aneurism, with considerable relief to the patients. I will conclude this aneurismal paragraph with the statement of Dr. Coale, of Boston: "The agent, however, to which we are to look as a sheet anchor in such cases (referring to aneurisms) is veratrum viride." Again, in the fever resulting from wounds, whether accidental or surgical, it is beneficial, and much superior to antimony. For while the latter devitalizes the blood, the former *doubtless* allows the process of repair to go on to its termination, while the coagulability of the blood is not impaired. Thus union, either by first or second intention, is promoted, and the liability to secondary hæmorrhage prevented.

I have thus, in naming these few diseases, endeavored to illustrate those conditions in which veratrum viride is peculiarly indicated by virtue of the properties which it possesses.

Since writing the above, I have added a few investigations in regard to another subject, so intimately connected with this as to be worthy of notice here.

VERATRIA.

The properties of veratrum viride have led many to suppose that it owed its peculiar power to some active principle, perhaps veratria, an alkaloid which has hitherto been obtained from the seeds of a Mexican plant of the same natural order.

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* *Boston Medical and Surgical Journal*, December 12, 1861.

On hearing the statement made during the present winter, in the lectures on arterial sedatives, that the active principle of this plant had not yet been determined, I was somewhat curious to investigate the subject and ascertain, if possible, whether its active principle were really veratria, or if it bore any similarity to it.

In making the trial, I made use of the mode given in the *Edinburgh Pharmacopœia*, preferring it to that of the *U. S. Pharmacopœia*, on account of its greater simplicity. The process is as follows, with the exception that in place of tincture of cevadilla seeds, the tincture of veratrum viride root was substituted. Four ounces of the tincture were concentrated by slow evaporation over a water-bath, until a deposit began to be formed. The residuum was poured, while hot, into twelve times its bulk of cold distilled water. This was filtered through calico, and the residuum on the filter washed, so long as the washings precipitated with liquor ammonia. The filtered liquid and the washings were united, and an excess of ammonia added. The precipitate was collected by filtration, washed with cold water, and dried by means of imbibition and the vapor bath. A slight additional amount was also obtained by evaporating, and cooling the remaining ammoniacal liquid.

The result obtained by this process was a brownish powder, in amount about two and a half grains. The same process was tried with four ounces of the tincture of the seeds already mentioned, and a similar powder was obtained, somewhat lighter in color, and in amount about three quarters of a grain.

Properties of the substance thus obtained.—The alkaloid thus obtained is soluble in strong alcohol, but insoluble in water. The following reactions were obtained by chemical tests. A dark orange-red color, on adding a drop of sulphuric acid. A portion dissolved in dilute acetic acid gave a white precipitate with liquor ammoniæ. These reactions are also characteristic of veratria, a quantity of which I had procured, in order to compare the two together.

Under the microscope, with a power of 300 diameters, the following appearances were noticed. Having dissolved a small portion of each in water acidulated with acetic acid, a few drops of sulphuric acid were added. This solution was partially evaporated at a gentle heat, and a drop of each placed on a slip of glass. The microscope revealed a multitude of beautiful acicular crystals. The crystals obtained from these two solutions are very similar, though more slender and beautiful in that obtained from the officinal veratria than in that from the nameless product in question. A similar result was obtained by the action of hydrochloric acid, except that the crystals were in both cases shorter and thicker, and some of them disposed to assume the shape of hexagonal prisms.

Physical Properties.—After trying the above reactions, hardly a homœopathic portion of the original amount remained, with which to test its physical properties; but there was a sufficient amount to induce considerable sneezing, and also an acrid bitter taste when taken into the mouth. The remainder, thoroughly mixed with lard, produced a slight redness of the skin, when rubbed upon the surface.

These facts, when taken together, would seem to prove that these two alkaloids, if not identical, are yet very similar in their natures.

CASES IN COUNTRY PRACTICE.

By John Ellis Blake, M.D., of Middletown, Conn.

[Communicated for the Boston Medical and Surgical Journal.]

No. I.—Larvæ of the common Fly in the Meatus Auditorius Externus.

On the 21st of August, 18—, a young man from a neighboring town, accompanied by his parents, presented himself at the office, complaining of a most severe pain in the ear. This pain was somewhat paroxysmal in its character, and was accompanied by a discharge of arterial blood. His parents represented that he had always been perfectly well until the 17th of the month, when the pain and discharge of blood first began; and the amount lost they estimated at nearly a pint. Making due allowance for common over-estimates of hæmorrhage, I can readily believe that he had lost a dozen ounces. In the course of conversation with them, something was said of "worms" as being the cause of his distress; but having to encounter the *vermicular* theory of disease at every turn in country practice, I paid little attention to the remark then. In endeavoring to get some light as to the previous history of the case, I found the young man himself referred his troubles to "going in bathing" some days previous to the 17th; after which bath, he laid down and slept for a time on the grass. On waking, he felt something in his ear, and supposed it to be a "bubble," but could not get rid of it. I have spoken of the young man's distress as *pain*. The word can hardly convey an idea of the agony he seemed to be in, every few seconds. The perspiration poured from his forehead, and clasping his head with his hands, he would roll upon the floor, seemingly almost delirious with his sufferings. With difficulty, owing to the flow of blood and the involuntary movements of the patient, I was able to introduce a speculum into the meatus, and get a glimpse of the interior. What was my astonishment to find it tenanted by several maggots, in full activity! The movements of these creatures against the sensitive structures of the ear was evidently the cause of the pain, and their excavations in feeding the cause of the hæmorrhage. I found that the least attempt to remove them by instruments was resisted by them; and as they were immediately set in motion thereby, wriggling against the membrana tympani, the agony caused the patient was too much for human endurance, and he could not be held in the chair. I consequently desisted from such attempts, after a fair trial of various instruments. Remembering some experiments I once saw tried upon these larvæ, tending to show their extreme tenacity of life for a time, even when immersed in caustic substances, I wasted no time, after a few trials with syringing, but, catching sight of a conical ether sponge upon the table, it occurred to me that anæsthesia might do. The sponge was wet with sulphuric ether and held for a few seconds over the ear, when we had the satisfaction of seeing the maggots wriggle from the ear, in great haste, on removing it. On looking in, but one could be seen, and a re-application of the sponge soon caused him to come out for fresh air. The whole number removed was some eight or ten; and, as the larvæ were of good size, I can hardly see how they could have been packed away so deeply in the passage, but such was the case. I fed them carefully until they became perfect insects, and found them, as I had supposed would be the case, the small green-bellied fly, commonly called the "blow-fly," and familiar to all.

I would say that the ear thus affected was a perfectly healthy one, and having no unnatural secretion.

SOME REMARKS ON THE TREATMENT OF SCALDS AND BURNS.

[Read before the Medico-Chirurgical Society of Edinburgh, by JOHN YOUNG MYRTLE, M.D., F.R.C.P.E.]

It is well known that, though burns and scalds are constantly coming under the notice of the surgeon, their treatment is too often a tedious and troublesome affair.

A consideration of the questionable success attending so many of the remedies usually resorted to; of the great pain inflicted on the patient, and the irritation caused to the injured parts; of the slowness of the healing process, frequently accompanied as it is by ugly ulcers, and followed by vexatious and disfiguring contractions; has induced me to bring under the notice of this Society a few simple observations on the treatment of this class of injuries, more especially as the plan I am about to recommend causes little or no pain to the patient, and is far more successful than the means commonly employed.

It is not my intention to mention or discuss the various plans adopted in the treatment of these injuries; nor do I profess to make wonderful cures of cases where the textures are seriously destroyed, and in which, should they not prove fatal, the cure is necessarily very tedious; still in cases coming short of this, a hastening of the healing process may be obtained, and the occurrence of troublesome granulations may be prevented—a desideratum by no means small under these circumstances. Neither do I mean to dwell upon the internal and constitutional treatment, but only to present a few practical observations resulting from a twelve or fifteen years' experience as to a peculiar mode of external treatment.

The two plans mainly depended upon in former times for the local treatment of scalds and burns were the sedative and the stimulating; of late the necessity of exclusion from the air has also been acknowledged.

I may at once mention that the plan I have long almost, if not altogether exclusively, put in practice, has been to use ointments, in such a form as most effectually to exclude the air, and at the same time to cool and soothe the parts; taking care, in the case of scalds, to puncture vesications when large, but then only because the presence of intervening fluid prevents the operation of the remedy, and because extensive blisters are often followed by troublesome ulcerations.

In employing the ointment plan of treatment, there is certainly nothing very novel; and the combination with sulphur may be regarded as of the same nature as the use of flour or starch made into a paste, or the Carron-oil mode of treatment. But as far as my experience has gone, sulphur seems to have almost a specific virtue in cooling and soothing the irritation of the injured part, and in removing the pain and inflammation which result from the application of heat.

When called to see a case of burn or scald, if nothing has been done, I immediately cover all the injured surface with a pretty stiff ointment, composed of simple hog's lard and flowers of sulphur, spread in the form of a good thick layer on linen cloth (which is greatly to be preferred to lint, as the latter is much more apt to adhere to surfaces deprived of their cuticle, if great care is not taken to remove the dressing), which ought always to be changed as soon as the part becomes hot and uneasy, when the sulphur is frequently found in the shape of a tolerably dry paste or crust. This crust ought to be carefully removed, and fresh dressing applied immediately, to be repeated as often as necessary. Under this simple treatment burns and scalds of a slighter character heal in two or three days; and even many cases which were wont to be tedious and troublesome under plans in common use, I find to heal kindly and speedily.

For some years after the adoption of the soothing plan in this form, combined with exclusion from the action of the air, I had the mortification to find that, when the scald had been very severe, or the cutis vera had been much injured by the burn, the cure was delayed by the occurrence of ulceration or sloughing, which I treated with the usual lotions, though too often with but tardy success. A good many years ago, in the course of a conversation with my friend Dr. Stark on the treatment of burns and scalds, I acquainted him with my ointment plan, and mentioned my occasional disappointments; when he told me that he had long used another ointment, which, when applied to the injured or ulcerated parts, generally induced a healing, reparative process far more speedily than could be obtained by the washes, &c., generally employed. The ointment in question is composed of common leeks and hog's lard, in the proportion of as much hog's lard as a slice of fresh butter for the table to each leek, which, being allowed to simmer by the fire in an earthen vessel until the leeks become quite soft and tender, and being strained through muslin, on cooling forms an ointment of a lightish green color, with a slight garlic odor. This ointment I have had many opportunities of testing, and I can confidently testify to its great value in the case of scalds where ulceration has taken place, and of burns where the cutis vera has been materially injured.

In scalds and burns of a minor character I always trust in the first instance to the sulphur ointment; but when a burn is combined with a scald, or if an ulcerated spot appears, I have the leek ointment applied to those parts without delay, and am almost never disappointed in witnessing a rapid cure, with comparatively little pain to the patient. In the case of severe scalds, as soon as ulceration threatens the vesicated parts, the cuticle ought to be carefully removed with a pair of forceps and very sharp scissors, so that the leek ointment may be adopted instead of the sulphur, when an hourly improvement will probably be observed.

Without trespassing long on the patience of the Society, it may at this point be desirable to give a case or two as examples of the efficacy of this plan of treatment.

An American gentleman and his son, having charge of a department in the North British Rubber Co., carrying on their operations in the old Silk Mills near Fountainbridge, while engaged in superintending one of the processes in the preparation of varnish, were suddenly overwhelmed by a tremendous explosion, in consequence of a flue taking fire and igniting the inflammable gas arising from the varnish, whereby the roof of the building was blown off, and the window completely shattered. They both received a very serious shock, and were immediately removed to their residence in Murrayfield, while a message at the same time was sent for me. In a quarter of an hour I arrived, having taken care to bring a good supply of hog's lard and sulphur along with me. I found father and son pacing up and down the room in an agitated manner, with hair singed, eyes suffused, and the skin of the forehead, face and neck singed black, and in several places much injured. The arms and hands were also much injured, and all the skin implicated was much inflamed. The father insisted on my attending to the son in the first place, but it was with great difficulty I could persuade the latter to sit down, as he continued pacing up and down, excited almost to madness by the shock he had sustained and the excruciating pain he endured. The dressing being completed, he became perfectly calm, and expressed himself as wonderfully relieved; and when the father had been attended to, both felt so comfortable, that the feeling of the ludicrous got the better of them, and they burst out laughing at each other's strange yellow masks—the eyes, nostrils and mouth alone remaining uncovered.

The father was able to return to his duty on the morning of the fourth day, and in three days longer all the injured surfaces were healed. He required the leek ointment to the back of his hands for three days only.

The case of the son was much more serious—his forehead, neck, arms and hands having been severely burned; and extensive vesication, followed by ulceration of an ugly-looking description, especially on the hands, arms and shoulders, having taken place, the leek ointment was constantly used from the third and fourth days until the twelfth day after the accident, when every spot was healed and he resumed his duties. Every day, from the second onwards, the ulcerated surfaces became narrowed in a most manifest degree, while by the fourth day, such surfaces as had required the sulphur only were completely healed. In this last case there was high febrile action for three days, requiring constitutional treatment of an antiphlogistic and soothing character.

The only other case I shall relate, I did not see until the Carron oil had been tried for three or four days; the subject of it was a miller, and the injury resulted from the accidental ignition of gas issuing from a broken pipe, by which the outside of the left foot and ankle was burned, and in removing the stocking the cuticle had been torn away.

When I saw him, on the fourth day after the accident, I found an ugly, dark ashy-looking ulcer, 2½ inches in length, and 1¼ inch in breadth, extending upwards from the heel towards the malleolus externus, while the parts around were considerably inflamed and swollen. The leek ointment was applied to the ulcerated spot, and the sulphur ointment to the inflamed surface around, and in three days the healing process was fully established, and in other three days he resumed his employment without inconvenience.

It may be as well to mention that I did not think it necessary to apply a single poultice in any of these cases, and, indeed, I have seldom required to use them since I have been in the habit of depending upon these ointments. Poultices are only required for a few days in cases where sloughs are difficult of separation; the leek ointment answers this purpose as soon as it can be applied round the edges of a slough, promotes the separation, and is not afterwards followed by weak, troublesome granulations.

It will be observed that in the cases I have brought forward, there was a rapidity in the healing process such as we almost never observe to follow the plans in general use; and these cases are only specimens of what I have observed in many like instances.

When the reparative process is slow, and there is a troublesome ulcer, with unmanageable granulations constantly springing up, we may apprehend an unseemly cicatrix; in the cases mentioned above, owing to the celerity of the cure, and the entire absence of granulations, save of a small, healthy character, the appearance of the parts soon became perfectly healthy; nothing worthy of the name of a cicatrix remained after a few weeks, and the faces of our transatlantic cousins seemed all the fairer for the ordeal they had gone through.

I have also constantly used the sulphur ointment in cases of smallpox; and, when carefully and constantly applied, it has never failed to afford relief, and has almost entirely prevented pitting; indeed, so far as I have used it, I may say that I have not had a single case of disfigurement, even in cases of natural smallpox in adults. Its use also in the painful and troublesome excoriations of children is equally effectual and soothing. As to the leek ointment, it is as well to mention that I have frequently found it very serviceable in foul, indolent ulcers, and also in gangrenous bed-sores, an instance of which may be mentioned in the case of a patient I attended for my friend Dr. Peddie, in which there was hopeless disease of the heart, kidneys, &c., accompanied with general dropsy. When I saw her, on the 9th of September last, I found gangrenous inflammation of both lower limbs, extending from a little below the knee to the instep in the one leg, and to within two inches of the ankle on the other, each patch being fully two inches broad. A poultice was applied for a few days until the separation was fully established, the leek ointment was extensively applied, and though the lady died before the end of the month, the sloughs had not only come away, but the sores were rapidly contracting, and were in a wonderfully healthy condition. In a more favorable case I am confident the best result might be expected, and troublesome granulations, such as generally accompany the continued use of poultices, might be in a great measure prevented.

In conclusion, it may be thought by some that so simple a plan was scarcely worthy of being brought under the notice of our Society, and its simplicity may be the very reason of my having so long deferred bringing it forward; yet, if it is simple, it is also safe, very grateful to the patient, and as far as my observation has hitherto gone, I have had good cause to trust to its efficacy. I wish my professional brethren in hospital and elsewhere, who may have better opportunities than I have of treating such cases, to give a fair trial to the plan, and I trust they may find it as great a comfort as I have done, and be able to give as good a report regarding it.—*Edinburgh Medical Journal.*

THE ANNUAL COMMENCEMENT of the Jefferson Medical College took place on the 8th of March, when the Degree of Doctor of Medicine was conferred by the Hon. Edward King, LL.D., President of the institution, on the graduating class, which numbered 77. A valedictory address to the graduates was delivered by Professor Dickson.

Bibliographical Notices.

Report of a Committee of the Associate Medical Members of the Sanitary Commission, on the subject of Continued Fevers. Boston: J. E. Farwell & Co. 1862.

THIS little pamphlet of 23 pages is a condensed practical summary of what is known at the present time about continued fevers. It was prepared by Dr J. Baxter Upham, of this city, at the request, it is understood, of the Sanitary Commission, and is published in accordance with the recommendation of the Medical Commission of the State of Massachusetts. Like the other papers of a similar character printed under the auspices of the Sanitary Commission, it aims to be eminently practical. The object of these publications is to furnish the surgeons of the army with the most concise and explicit memoranda on those diseases and injuries which are most likely to come under their notice, and thus supply them with a travelling library of the most compact and useful character. It is not an easy thing to meet the requisitions of such a class of compositions. It is not by any means easy to be as brief as is desirable, and yet retain all the important features in a sketch which shall be at once comprehensive, vivid and practical. The great tendency is to lose all distinctness in a condensed generality. We congratulate Dr. Upham on his success in giving in these few pages the essence of what few men would dare to undertake to reduce to so small a compass. The field embraced in his view is limited to the continued fevers, viz., irritative, typhoid and typhus fevers. The first two of these are familiar enough to physicians in general practice, the last not so much so—particularly to practitioners not residing in our sea-board cities As is well known, Dr. Upham has devoted special attention, both in Europe and America, to the dangerous study of typhus, and our own pages have been enriched by his contributions to our knowledge of this disease. No fitter person, therefore, could have been selected to give our army surgeons a daguerreotype view of that terrible scourge, one of whose most familiar titles is camp fever. We are very much pleased with the whole of this brief pamphlet. The descriptive portions are exact and accurate, and the treatment recommended eminently judicious, and in accordance with the views generally held among the most enlightened members of the medical profession at the present day. The advance of our army to the South brings to our minds the various malarial fevers of that region which must before long exhibit themselves, and we can only express the hope that as excellent a sketch of those much dreaded maladies may be prepared, under the direction of the Sanitary Commission, by some gentleman as well fitted for the task as Dr. Upham has proved himself to be for that assigned to him. In conclusion, we must express our admiration for the beautiful manner in which this pamphlet is printed; it is by far the handsomest issue from the hands of the Sanitary Commission that we have seen. There are a few errors of the press, however, which we regret to notice, but which seem to be all the blemishes which the most fastidious fault-finder could detect in this production. We will add that the author is testifying by works as well as words his zeal in the cause of the Union, having returned but a few days since from Newbern, whither he had hastened, with others, to make up the deficiency in the medical staff of Gen. Burnside's division, in charge of a number of wounded soldiers; and has again gone back on a similar errand of patriotism and benevolence.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, APRIL 10, 1862.

Paralysis following Diphtheria.—The paralysis of diphtheria seems as yet to have attracted but little notice in this country, at least little has been published concerning it. Even in Europe but slight mention has been made of it in the various treatises on this disease which have been given to the world, although cases have appeared from time to time in the medical journals, so that the medical mind has become tolerably familiar with this sequela of a disease which, with the exception, perhaps, of Asiatic cholera, has engaged the thoughts of the profession and excited the apprehensions of the community of late years more than any other. M. Maingault has recently published in Paris what is said to be the first complete account of diphtheritic paralysis, in a pamphlet of 161 pages. We have not seen the work, but from the notice of it in the *British and Foreign Medico-Chirurgical Review* we take the following extract:—

> The outline which M. Maingault has sketched of the disease coincides entirely with its characters as they have presented themselves in this country. Thus, he has observed that the accession of the first symptoms usually takes place two or three weeks after the cessation of the primary local disease and the complete establishment of convalescence. In those cases in which the affection is about to attain its full development, the patient, instead of recovering his strength, begins gradually to become weaker; he experiences formications in his extremities, usually first in the feet and legs, attended with or followed by varying degrees of numbness and insensibility, and gradually becomes unable to walk. As the paralysis attacks the upper limbs, and the disease progresses, vision is impaired or lost, the articulation becomes indistinct, and the voice nasal and weak; the constitutional state being marked by the absence of pyrexia, the feebleness of the pulse, the pallor of the countenance, and the general characters of anæmia. There is often complete anorexia, but occasionally the appetite is preserved. The duration of this condition is various, it usually diminishes gradually, the occasionally fatal result being dependent either on gradual prostration or sudden asphyxia.

M. H. Roger, in a paper read to the Hospital Medical Society in Paris, has discussed the same subject, to determine the frequency of the occurrence of these symptoms, and whether they are peculiar to pure, idiopathic diphtheria. His observations were made on all the cases of this disease which were under treatment in the Children's Hospital during the year 1861. These were in number 210; and after deducting some doubtful cases, it was found that these symptoms occurred in 31 cases, or about one sixth of the whole number. Considering the fact that a certain proportion of the cases left the hospital before the disease had fully run its course, and others were prematurely cut off before the full development of all the symptoms likely to occur in grave cases, M. Roger thinks he is warranted in concluding that the ratio should be estimated as high as one fourth, or even one third, instead of one sixth. The paralytic symptoms showed themselves most frequently in children from 4 to 6 years of age, and in 21 females to 17 males.

The symptoms appeared, for the most part, first in the pharynx and velum palati, as was shown by the nasal character of the voice or the dysphagia. Often—four times in ten—the paralysis extended no farther; in other cases—twice in ten—it reached the lower extremities or became general, appearing first in the lower limbs and then in the upper in four cases out of ten. The same symptoms may appear in the course of cutaneous diphtherite without any throat affection.

Paralysis of the rectum and bladder was twice observed, once independently of any other paralysis, and once as a part of a general affection. Amaurosis was noticed once, without any evidence of albuminuria.

Paralytic symptoms appeared ordinarily from the fourth to the eighth day; sometimes dysphagia was observed from the first; this symptom, however, we should hardly regard as conclusive evidence of paralysis, especially in such young subjects. In other cases the symptoms manifested themselves at a very advanced stage. The mean duration of the paralysis was one month, subject, however, to the chance of prolongation and aggravation by intercurrent affections. The treatment recommended by M. Roger is the same as that of previous observers, namely, tonics, iron, sulphur and electricity. We have seen no statement by M. Roger of the proportion of recoveries to deaths, but the experience of other observers justifies the most confident favorable prognosis, even when the symptoms are apparently of a very grave character. We have gathered the above facts of M. Roger's observations from the *Gazette des Hopitaux*.

APPOINTMENT OF ACTING SURGEONS IN THE NAVY.—We are glad to learn that for some time past all candidates for the office of Acting Surgeon in the Navy have been subjected to a rigid examination. This has something of the character of shutting the door after the horse is stolen, but will no doubt do some good. If this rule had been adopted in the Navy as it was from the first, in this State, with reference to the Army, we should not have to regret the appointment of several knaves and charlatans whom we might mention, to offices of such grave responsibility. We shudder at the probable fate of the subjects of the surgical treatment of some of those to whom heretofore this responsible trust has been confided. Is it too late, even now, to sift out the chaff from the wheat among those already holding commissions, by requiring them to pass a satisfactory examination?

ROBBINS'S SURGEONS' ADHESIVE PLASTER.—We have received specimens of this excellent plaster from the manufacturers, and it really seems to be the very perfection of plasters. It is water proof, and requires only to be moistened to stick most tenaciously. It is strongly recommended by eminent surgeons, both in civil and military service, and nothing could be better adapted to meet the wants of our army at the present time. It adheres equally well after two, three or half a dozen applications, and may thus be employed very economically in re-dressing wounds when the supply may happen to run short, as is very likely to happen at times in military service. It is carefully put up in rolls, enclosed in tin boxes. The inventor is a member of the profession, and it is prepared under his own eye. Messrs. Weeks & Potter, No. 170 Washington St., are agents for its sale.

WHISKEY FOR MEDICINAL USE.—Whiskey, and especially Bourbon whiskey, has got into such extensive use in this country as a stimulant for invalids, that it is a matter of great importance to the community that there should be no suspicion of the excellence or genuineness of the article employed. Published analyses and laudatory testimonials of the excellence of samples are altogether too easily seen through, to be of any weight. The only security for genuineness must be in the character of the dealers. We would call the attention of readers to the announcement, in our advertising sheet, of a new agency in this city for the sale of an unequivocally good article. We are satisfied, from what we know of the parties concerned, that their statements are worthy of all confidence.

RE-VACCINATION AMONG THE NEW YORK STATE TROOPS.—From the Report of the Surgeon-General of the State of New York—for a copy of which we are indebted to Dr. W. C. Wey, of Elmira, who has charge of the military hospital at that place—it appears to have been intended by the authorities that every soldier should be vaccinated before leaving the State, even though evidences of a former vaccination might exist. A general order to this effect was issued to all the regimental surgeons, with sufficient vaccine matter to carry it into execution. The Eastern Dispensary of the City of New York furnished gratuitously all the virus required—the amount supplied being sufficient for over 50,000 men—and the order was rigidly complied with. The whole number reported as vaccinated, by the different surgeons, up to December 1, 1861, was 9,248. Among this number, there existed evidences of previous vaccination upon 7,586. Whole number found susceptible to the virus, 2,403. Number found susceptible upon whom existed evidences of previous vaccination, 1,551. Of 1,045 persons included in last statement, whose ages were ascertained, 847 were between 18 and 25 years; 150 between 25 and 35; 48 between 35 and 45. It thus appears that 25.9 per cent. of all vaccinated, and 20 per cent. of those who showed evidence of previous vaccination, were found susceptible to the virus. One case of varioloid is also reported in a man showing all the distinctive marks of successful vaccination, and also one case in which an individual, who had had the smallpox, was found susceptible to the action of the virus.

SUFFOLK DISTRICT MEDICAL SOCIETY.—The following officers for the ensuing year were chosen at the annual meeting of the Suffolk District Medical Society, held April 2d. *President*, Dr. D. H. Storer; *Vice President*, Dr. S. L. Abbot; *Secretary*, Dr. J. C. White; *Treasurer*, Dr. F. Minot; *Librarian*, Dr. C. Ellis; *Supervisors*, Dr. J. S. Jones, Dr. D. McB. Thaxter; *Commissioner on Trials*, Dr. S. Durkee.

HEALTH OF SAN FRANCISCO, CAL.—During the month of January, 1862, there were 175 deaths in San Francisco, a decided increase as compared with December. During the month of December, the deaths from typhoid fever amounted to 11, and from diphtheria 7. In January the mortality from these diseases was but 6 and 2 respectively. Of 115 interments in the Lone Mountain Cemetery, 26, or 22.5 per cent., are entered as having died of phthisis. Four deaths are entered as having been caused by smallpox.

MASS. COLLEGE OF PHARMACY.—At a meeting of the Mass. College of Pharmacy, recently held in this city for the choice of officers, the following were elected to serve for the ensuing year:—*President*, Thomas Hollis; *1st Vice President*, Chas. A. Tuft; *2d do.*, Charles F. Carney; *Recording Secretary*, Henry W. Lincoln; *Corresponding Secretary*, James S. Melvin; *Treasurer*, Ashel Boyden; *Auditor*, Samuel M. Colcord; *Trustees*, Daniel Henchman, Augustus P. Melzar, M.

H. Gleason, Robert V. Kent, Wm. Brown, John Buck, Henry D. Fowle, Elijah Smalley.

TURKISH BATHS.—A Turkish Bath Company is about being organized in New York, and from the names of the parties engaged in the enterprise, there is no doubt that it will meet with success. Among the Board of Directors are Dr. Valentine Mott, Wm. C. Bryant, Ex-Mayor Tiemann, Charles King, C. Godfrey Gunther, A. W. Bradford, and others of not less note. The institution is to be managed by Prof. C. Oscannyan, a native of Constantinople.

AMERICAN MEDICAL ASSOCIATION.—Official notice is given, we perceive, in some of the medical journals, that the regular annual meeting of the Association is further postponed until the first Tuesday in June, 1863.

WORKS OF THE SYDENHAM SOCIETY.—We are requested by Dr. Salter, the Local Secretary of the Sydenham Society, to notify the subscribers that the books now due are on their way and may soon be expected. Notice will be given of their arrival.

DR. IRA RUSSELL (Natick), Surgeon of the 11th Regiment, Mass. Vols., has been nominated by the President for the office of Brigade Surgeon, and will probably be appointed to fill the vacancy caused by the death of Dr. Luther V. Bell.

DEATH OF M. BRETONNEAU.—This distinguished physician has just died at an advanced age, at Passy, near Paris, where he occupied a noble villa. M. Bretonneau's name is connected with some of the most valuable discoveries in medicine, and had risen to great eminence by his teachings and original turn of mind. The two leading men of the medicine and surgery of Paris respectively, M. Trousseau and M. Velpeau, were his pupils.—*London Lancet.*

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, APRIL 5TH, 1862.

DEATHS.

	Males.	*Females*	*Total.*
Deaths during the week, ...	36	46	82
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	37.6	38.8	76.4
Average corrected to increased population, ...	..	..	85.22
Deaths of persons above 90, ...	..	1	1

Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Variola.	Dysentery.	Typ. Fev.	Diphtheria.
15	0	3	9	6	0	0	1	1

METEOROLOGY.

From Observations taken at the Observatory of Harvard College.—For the week ending March 22d.

Mean height of Barometer, . . .	29.716	Highest point of Thermometer, . . .	38.0
Highest point of Barometer, . .	30.020	Lowest point of Thermometer, . .	20.0
Lowest point of Barometer, . . .	29.184	General direction of Wind, . . .	N.N.W.
Mean Temperature, ...	31.1	Am't of Rain (inches), including week ending March 15th,	1.67

COMMUNICATIONS RECEIVED.—Case of Epileptiform Convulsions, &c.

PAMPHLETS RECEIVED.—Catalogue of the Officers and Students of the University of Michigan, with a statement of the course of instruction in the various departments.—Mortuary Tables of San Francisco, for two years ending June 1, 1860, arranged by A. F. Sawyer, M.D.

MARRIED,—In this city, 31st ult., Henry M. Saville, M.D., of Quincy, to Antoinette Hale, daughter of Francis S. Carruth, Esq., of this city.

DEATHS IN BOSTON for the week ending Saturday noon, April 5th, 82. Males, 36—Females, 46.—Accident, 2—inflammation of the bowels, 1—disease of the brain, 4—bronchitis, 4—consumption, 15—convulsions, 1—croup, 3—cyanosis, 1—cystitis, 1—diphtheria, 1—dropsy, 4—dropsy of the brain, 2—scarlet fever, 9—typhoid fever, 1—gangrene of the lungs, 1—disease of the heart, 3—infantile disease, 2—disease of the kidneys, 2—disease of the liver, 1—inflammation of the lungs, 6—marasmus, 1—old age, 4—paralysis, 2—premature birth, 2—rupture of a bloodvessel, 1—sore throat, 1—suffocated (by a bean in the windpipe). 1—unknown, 3—uterus (hæmorrhage of), 1—whooping cough, 2.

Under 5 years of age, 32—between 5 and 20 years, 13—between 20 and 40 years, 20—between 40 and 60 years, 5—above 60 years, 12. Born in the United States, 59—Ireland, 17—other places, 6.